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## LETTERS

## PREVENTING TYPE 2 DIABETES

# NHS Diabetes Prevention Programme is vital but criteria need reviewing

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I agree with Barry and colleagues that we will not sustainably reduce the incidence and prevalence of type 2 diabetes (T2D) without major changes to our working and living environments.<sup>1</sup> However, I fully support the principles of the NHS Diabetes Prevention Programme for the following reasons.

1 The current T2D epidemic is largely due to obesity, and the time lag between necessary changes to food policy, living and working practices, and changes in obesity prevalence will probably take at least 20 years.

2 At least three million people have T2D diagnosed in England each year, so in the next 20 years around 60 million will develop T2D in England alone.

3 Given the efficacy of the diabetes prevention trials, we have a moral and financial imperative to provide these high risk patients with the support and tools to prevent or delay T2D for as long as possible.

Regarding the specifics of the NHS programme itself, current inclusion criteria are based on HbA<sub>1c</sub> and fasting glucose. In most diabetes prevention trials, inclusion criteria were IGT (impaired glucose tolerance) with or without IFG (impaired fasting glucose). It's therefore worrying that the test most widely

used by UK GPs has such poor sensitivity for the main inclusion criteria used in the original studies. Furthermore, emerging data suggest that lifestyle approaches to prevent T2D are not (as) effective in people with isolated IFG.

I hope that robust interim analysis is conducted before the planned stepping up of recruitment so that, if necessary, modification to the inclusion criteria of the programme can be carried out.

Competing interests: I have received research funding from Diabetes UK and the National Obesity Forum. I have received fellowship funding from Diabetes UK, the Winston Churchill Memorial Trust, and the American Overseas Dietetic Association.

Full response at: [www.bmj.com/content/356/bmj.i6538/rr-5](http://www.bmj.com/content/356/bmj.i6538/rr-5).

1 Barry E, Roberts S, Oke J, Vijayaraghavan S, Normansell R, Greenhalgh T. Efficacy and effectiveness of screen and treat policies in prevention of type 2 diabetes: systematic review and meta-analysis of screening tests and interventions. *BMJ* 2017;356:i6538. doi: 10.1136/bmj.i6538 pmid:28052845.

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